2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 30, 2006 08:00 AM DOCUMENT # L03000053829 Secretary of State MAINTAIN LIMITED LIABILITY COMPANY Principal Place of Business \_ Mailing Address 420 E LINCOLN AVE MELBOURNE FL 32901 PO BOX 510015 MELBOURNE BCH. FL 32951 2. Principal Place of Business 3. Mailing Address SAME AY ABOVE SAME AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FE) Number 03-0534334 Not Applicat Z<sub>ID</sub> Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'MALLEY, MICHAEL J OWNER Street Address (P.O. Box Number is Not Acceptable) 5175 PALMETTO DRIVE MELBOURNE BCH, FL 32951 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida. the obligations of registered agent. CDV20 SIGNATURE (NOTE: Registered Agent signature required when reinstaling FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES me ☐ Delete TITLE ☐ Change □ Add NAME O'MALLEY, MICHAEL J SR. NAME U00000485495 STREET ADDRESS 5175 PALMETTO DRIVE STREET ADDRESS CHTY-ST-21P CITY-ST-ZIP 04/12/06-80086-003 50.00 MELBOURNE BCH, FL 32951 HINE Change □ A/ ☐ Delete THILE NAME NAME STREET ADDRESS STREET AUDRESS CHY-ST-282 ENTY-ST-ZIP 1334 ☐ Detete TITLE Change Change D Add NAME NAME STITLE) ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP uu(☐ Delete TITLE □ A<sup>22</sup> NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete $\prod \mu i$ nne TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CTTY - \$7 - ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change 四部 HAME NAME STREET ADDRESS STREET ADURESS CITY - \$1 - 21P CHY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information does not indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael J. O' Malley 20 Mach 2066
ER, OR AUTHORIZED REPRESENTATIVE Date Dayrow Places

**FILED**